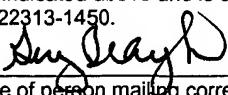


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| UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b) | |
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|------------------------|---|
| Attorney Docket Number | 01997/543002 |
| Applicants | Margaret McLaughlin and Tyler Jacks |
| Title | STEROID MODULATORS IN THE TREATMENT OF PERIPHERAL NERVE SHEATH TUMORS |

PRIORITY INFORMATION:

This application claims the benefit of the filing date of United States provisional patent application 60/398,647, filed July 25, 2002.

SMALL ENTITY STATUS:

Applicant claims small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

| | |
|---|--------------|
| Cover sheet | 1 page |
| Specification | 28 pages |
| Claims | 4 pages |
| Abstract | 1 page |
| Drawings | 4 sheets |
| Combined Declaration and Power of Attorney, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein. | 2 pages |
| Sequence Statement | 0 pages |
| Sequence Listing on Paper | 0 pages |
| Sequence Listing on Diskette | 0 disk |
| Preliminary Amendment | 0 pages |
| Information Disclosure Statement | 0 pages |
| Form PTO 1449 | 0 pages |
| Cited References | 0 references |
| Recordation Form Cover Sheet and Assignment | 0 pages |
| English Translation | 0 pages |

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|--|---------|
| Certified Copy of Priority Document | 0 pages |
| Non-publication Request under 35 U.S.C. § 122(b). | 0 pages |
| Request for Deferral of Examination under 37 C.F.R. § 1.103(d) | 0 pages |
| A Small Entity Statement | 0 pages |
| Return Receipt Postcard | 1 |

FILING FEES:

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|--|----------|
| Basic Filing Fee: \$375 | \$375.00 |
| Excess Claims Fee: $27 - 20 = 7 \times \$9$ | \$63.00 |
| Excess Independent Claims Fee: $4 - 3 = 1 \times \$42$ | \$42.00 |
| Multiple Dependent Claims Fee: \$140 | \$0.00 |
| Total Fees: | \$480.00 |

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- Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.
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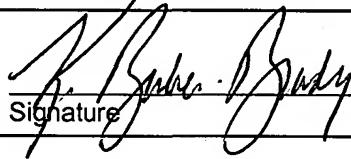
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